

CLAIMS ONLY

Application Number

10073859

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/					
2		/				
3	/					
4		/				
5		/				
6		/				
7		/				
8		/				
9		/				
10		/				
11	/					
12		/				
13	/					
14		/				
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41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
Total Indep.	7					
Total Depend.	20					
Total Claims	27					

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54						
55						
56						
57						
58						
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60						
61						
62						
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93						
94						
95						
96						
97						
98						
99						
100						
Total Indep.						
Total Depend.						
Total Claims						